

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
10							60	
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12							62	
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14							64	
15							65	
16							66	
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18							68	
19							69	
20							70	
21							71	
22	/	/					72	
23		/					73	
24		/					74	
25		/					75	
26		/					76	
27	/	/					77	
28		/					78	
29		/					79	
30		/					80	
31		/					81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	9						TOTAL IND.	
TOTAL DEP.	8						TOTAL DEP.	
TOTAL	10						TOTAL	